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	ð	. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in	
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	WRITE PLAINLY WITH UNPADING INK—THIS IS A PERMANENT RECORRU	2	3
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ARIZONA STATE	BOARD OF HEALTH State File No. 193			
	ITAL STATISTICS Registered No. 302			
	IFIGATE OF BIRTH			
County Vila	State Myona			
District or Township				
City Miami No.	8t. Ward			
(If high commend in a hospital or institution, give its NARIC instead of street and number)				
2. Full name of child antonia Pena	If child is not yet named, make supplemental report, as directed.			
3. Sex of Child   To be answered ONLY   4. Twin, triplet or other	r[6. Legitimate?			
/ in event of plural	7. Date of birth Mov 27 1915  Month Day Year			
fluide births. 5. No., in order of birth	Month Day Year			
8. FATHER	14. MOTHER			
Full name antonis Piena	Full maiden name lifugia Campos			
9. Residence (Usual place of abode) Mann any	15 Residence (Usual place of abode) Thank and			
If non-resident, give place and state.	If non-resident, give place and state.			
10. Color or race	16 Color or race			
mexican 11. Age at last birthday 23 (Years)	mexican 17. Age at last birthday 20 (Years)			
12. Birthplace (city or place)	18. Birthplace (city or place)			
(State or country) Metico	(State or country)			
13. Occupation Miner	10. Occupation Nature of industry  Honsemi			
Nature of Industry	Nature of industry Honsemy			
Nature of Industry Copper	The second secon			
20. Number of children of this mother (a) Born slive a	nd now living 21. Were precautions taken against oph-			
(Taken as of time of birth of child herein (b) Born alive b	ut now dead to the total man neonatorum?			
certified and including this child.) ] (c) Stillborn				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was always at 1:300 m. on the date above stated				
(Born slive or stillborn)				
* When there was no attending physician or midwife, then the father, householder, Signature	Tofomeller			
etc., should make this return. A stillborn } child is one that neither breathes nor	MD.			
shows other evidence of life after birth.	(Physician es midwife).			
Given name added from	mami arisom			
Month, day, year				
Filed &CC	10/2,10 ( 6 onn			
Registrar	Registrar			
171-	-1127-932			

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